

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/603,819
Application Date:: 06/26/03
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: ADMINISTRATION OF MEDICINAL DRY POWDERS
Attorney Docket Number:: 239639US8
Total Drawing Sheets:: 10

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Status:: FULL CAPACITY
Given Name:: Thomas
Family Name:: NILSSON
City of Residence:: Mariefred
Country of Residence:: Sweden
Street of Mailing Address:: Hagavagen 3
City of Mailing Address:: Mariefred
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-647 32

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Sweden
Status:: FULL CAPACITY
Given Name:: Mattias
Family Name:: MYRMAN
City of Residence:: Stockholm
Country of Residence:: Sweden
Street of Mailing Address:: Drotnigholmsvaegen 8
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-112 42

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Sweden
Status:: FULL CAPACITY
Given Name:: Claes
Family Name:: FRIBERG
City of Residence:: Akers Styckebruk
Country of Residence:: Sweden
Street of Mailing Address:: Riavaegen 16
City of Mailing Address:: Akers Styckebruk
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-640 60

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Sweden
Status:: FULL CAPACITY
Given Name:: Sven
Family Name:: CALANDER
City of Residence:: Straengnaes
Country of Residence:: Sweden
Street of Mailing Address:: Dalaengsgatan 4
City of Mailing Address:: Straengnaes
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-645 32

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
0301815-7	Sweden	06/19/03	YES

ASSIGNMENT INFORMATION

Assignee Name:: MEDERIO AG
Street of Mailing Address:: P.O. Box 138

City of Mailing Address:: Hergiswil NW
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-6052